



REAL ESTATE APPRAISER SECTION
P.O. BOX 9048
OLYMPIA, WA 98507-9048
dol.wa.gov

Real Estate Appraiser Trainee Registration Application

FOR VALIDATION ONLY

Non-Refundable Fee: \$100.00

Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Instructions

- Complete, sign, and submit this application
- Submit official college transcripts or copies of course certificates, together with confirmation of course examination passage
- Submit the required fee

Applicant Information

Please type or print clearly

APPLICANT'S NAME <i>(Last, first, middle)</i>		SOCIAL SECURITY NO. <i>(Required per RCW 26.23.150)</i>		DATE OF BIRTH
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
BUSINESS NAME <i>(If applicable)</i>		SUPERVISOR'S NAME		
PHYSICAL ADDRESS <i>(Required)</i>				
CITY		STATE	ZIP	COUNTY
TELEPHONE NO. <i>(During normal business hours)</i> ()	E-MAIL ADDRESS			GENDER <i>(M or F)</i>
Have you ever applied for licensure/certification as a real estate appraiser in Washington State?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Data

If you answer any of the following questions "Yes", provide full details on a separate (8-1/2" x 11") sheet.

	Yes	No
1. Have you ever been convicted of a crime, felony, or misdemeanor by this state, or any other jurisdiction within the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any application for a professional or occupational license, permit, or registration made by you ever been denied, or has a license, permit, or registration issued to you ever been suspended, revoked, censured, or fined in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a civil court order, verdict, or judgment entered against you that involved any real estate or business related activity? Have you ever entered a plea of <i>nolo contendere</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever used any name other than the one provided?	<input type="checkbox"/>	<input type="checkbox"/>

**Upon Filing, This Application Becomes a Public Record and is
Subject to Public Disclosure Provisions Under RCW 42.56**



Educational Requirements

An official college transcript or course certificate together with evidence of examination passage must be submitted for all courses listed. You must have successfully completed course work as specified in WAC 308-125-025.

COURSE TITLE	DATES ATTENDED (Month/Year) FROM TO	TOTAL CLASS ROOM HOURS/ COLLEGE CREDITS (Qtr. or Sem.)	COURSE SPONSOR	COURSE LOCATION (City & State)

Applicant Attestation

I, the undersigned trainee, certify that I am the person referred to in this application for registration as a real estate appraiser in Washington State, that I have read and understand RCW 18.140 and WAC 308-125. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I agree that it will be **cause for the denial, suspension, or revocation** of my registration to practice as a real estate appraiser trainee in Washington State.

I authorize all organizations, my references, employers (*past and present*), business and professional associates (*past and present*), and all government agencies (*local, state, federal, or foreign*) to release to the Department of Licensing any information, files, or records requested by the department to process this application.

X

APPLICANT'S SIGNATURE

DATE

Incomplete application cannot be processed and will be returned to you.

Consent to Service – all out-of-state applicants are required to sign. Must be notarized below.

I, the undersigned, residing in the state of _____, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of real estate appraising. I irrevocably consent that suits and actions may be commenced against me in any county of the state of Washington in which any party/plaintiff having cause of action against me may reside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

X

APPLICANT'S SIGNATURE

DATE

NAME TYPED OR PRINTED

Notary

STATE OF

COUNTY OF

SIGNED OR ATTESTED BEFORE ME ON

X

SIGNATURE

NAME TYPED OR PRINTED

TITLE

EXPIRATION DATE OF APPOINTMENT

SEAL